



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION  
DIVISION OF TEACHER QUALITY AND URBAN EDUCATION  
TEACHER CERTIFICATION  
POST OFFICE BOX 480  
JEFFERSON CITY, MISSOURI 65102-0480  
(573) 751-0051

**APPLICATION FOR INITIAL MISSOURI TEACHING CERTIFICATE FOR NON-MISSOURI GRADUATES**

**NOTE: DO NOT use this application for administration, counseling, school psychologist, school psychological examiner, or any other non-classroom certification.**

**SECTION A: TO BE COMPLETED BY APPLICANT**

<b>I. SOCIAL SECURITY NUMBER</b> _____ - _____ - _____		
CURRENT NAME (LAST, FIRST, MIDDLE INITIAL)		
ALL MAIDEN/FORMER NAMES		
STREET ADDRESS		
CITY, STATE, ZIP CODE		
DATE OF BIRTH	MALE      FEMALE	PHONE NUMBERS H (      )      W (      )

<b>II. List all states where you hold or have held a teaching certificate.</b>	<b>III. Missouri area(s) of certification requested.</b>								
_____ _____ _____ Enclose a notarized copy of each certificate.	<table border="1"><thead><tr><th>Subject area</th><th>Grade levels</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Subject area	Grade levels	_____	_____	_____	_____	_____	_____
Subject area	Grade levels								
_____	_____								
_____	_____								
_____	_____								

**IV. Professional conduct (ALL questions must be answered)**

**Applicants must submit two (2) full sets of fingerprints to the Missouri Department of Elementary and Secondary Education, Professional Conduct Section, Post Office Box 480, Jefferson City, Missouri 65102-0480. Fingerprint cards must be obtained from the Missouri Department of Elementary and Secondary Education, Professional Conduct Section, Post Office Box 480, Jefferson City, Missouri 65102-0480 and may be completed by any law enforcement agency.**

**Please answer the following questions. If any of the questions are answered yes, please provide a separate statement of explanation.**

	YES	NO
A. Have you ever been charged with, convicted or entered a plea, including a plea of <i>nolo contendere</i> , to any felony or misdemeanor whether or not sentence was imposed or suspended, except minor traffic violations? If yes, explain fully.		
B. Have you ever been denied a professional license, certificate, permit, credential, endorsement, or registration?		
C. Has your professional license (except for driver's license), certificate, permit, credential, endorsement, or registration ever been disciplined, suspended, revoked, reprimanded, restricted, curtailed or voluntarily surrendered or do you have any pending complaints before any regulatory board or agency or is there any investigation or adverse action now pending against you?		
D. Have you ever resigned or been restricted, disciplined, or discharged from any position, including the armed forces, while under suspicion of having engaged in criminal, immoral, unethical behavior or unprofessional conduct, or are you under investigation for any such charge?		

**V. Sworn Affidavit**

I, the below named applicant, hereby affirm under penalties of perjury that I am the applicant referred to in the preceding application for a certificate of license to teach in the state of Missouri, and that all statements and enclosures are true and accurate to the best of my knowledge, information and belief.

I submit for consideration this application as required by the Missouri law governing the practice of teaching subject to the rules and regulations of the Missouri Department of Elementary and Secondary Education and the Missouri State Board of Education. I subscribe and agree to abide by all applicable laws and rules regarding the practice of teaching.

I understand that the Missouri Department of Elementary and Secondary Education may require further information or evidence that it deems reasonable and proper.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications. In addition, I grant permission to access any court, FBI, or police records related to arrests and convictions related to good moral character or personal fitness pertinent to my certification, and to probation or parole records as well.

I hereby give the recommending certification institution permission to release any and all information needed in Section B.

LEGAL SIGNATURE OF APPLICANT	DATE	* \$25.00 money order payable to "Treasurer, State of Missouri" is enclosed.
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**PHOTOCOPIES OR FACSIMILIES OF THIS COMPLETED APPLICATION CANNOT BE ACCEPTED**

